PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10025371

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN											
TOTAL OLAIMO			(Column 1)		(Column 2)		1	TYPE		OR	OR SMALL EN											
TOTAL CLAIMS			31					RATE	FEE		RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00										
TOTAL CHARGEABLE CLAIMS			3 minus 20=		* (1			X\$ 9=		OR	X\$18=	198										
INDEPENDENT CLAIMS			4 minus 3 =		* 1			X42=		OR	X84=	84										
MU	LTIPLE DEPENI	DENT CLAIM PI	RESENT					+140=		OR	+280=											
* If the difference in column 1 is less that				n zero, enter "0" in column 2				TOTAL		OR	TOTAL	1022										
CLAIMS AS AMENDED - PART II							•	OTHER THAN														
(Column 1)				(Colu		(Column 3)		SMALL		OR	SMALL											
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
AME	Independent	*	Minus	***	T OL 401]=		X42=		OR	X84=											
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	LENDEN	II CLAIM		.	+140=		OR	+280=											
·								TOTAL			TOTAL											
										On	ADDIT. FEE											
		(Column 1) CLAIMS			ımn 2) HEST	(Column 3) T	۱	-1	ADD			455:										
ENT B		REMAINING AFTER AMENDMENT		NUM PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
AMENDMENT	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=											
AME	Independent	*	Minus ***		T OL ALL	=		X42=		OR	X84=											
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=											
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE											
	(Column 1) (Column 2) (Column 3)									-												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER YOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=	<u></u>	X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***	IT CLASS	=	.	X42=		OR	X84=											
╠	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	+140=		OR	+280=											
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL			TOTAL											
**	If the "High st Nu	ımber Previously F	Paid For IN TH	IS SPACE	is less that	an 20, enter "20		ADDIT. FEE		OR	ADDIT. FEE											
1	The "Highest Nur	nb r Pr viously P	aid For" (Total c	r Indepen	ident) is th	e highest numb	er fo	und in the ap	propriat bo	x in co	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.											